IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN

CARL C. GILBERT, II AND JERRED WASHINGTON,

ORDER

Plaintiffs,

v.

Case No. 16-cv-729-jdp

STATE OF WISCONSIN-DEPARTMENT OF HEALTH SERVICES, et al.

Defendants.

Plaintiffs Carl C. Gilbert, II and Jerred Washington, patients at Sand Ridge Secure Treatment Center in Mauston, Wisconsin, have filed a proposed complaint under 42 U.S.C. § 1983, alleging constitutional rights violations. Plaintiffs have not paid the filing fee nor requested leave to proceed without prepayment. For this case to proceed, plaintiffs must pay the \$400 filing fee or submit a properly supported motion for leave to proceed without prepayment of the filing fee no later than November 30, 2016.

This court uses one method for determining the indigent status of all institutionalized persons, even those like plaintiffs who are not subject to the 1996 Prisoner Litigation Reform Act. This method requires each plaintiff to submit a certified copy of a resident account statement for the six-month period immediately preceding the filing of the complaint

A motion for leave to proceed without prepayment of the filing fee must be accompanied by a certified copy of plaintiff's resident account statement (or institutional

equivalent) for the six-month period immediately preceding the date of the complaint.

28 U.S.C. § 1915(a)(2).

ORDER

IT IS ORDERED that plaintiffs Carl C. Gilbert, II and Jerred Washington may

have until November 30, 2016 to submit the \$400 filing fee or motions for leave to

proceed without prepayment along with certified copies of their resident account

statements for the period beginning approximately May 7, 2016 and ending

approximately November 7, 2016. If, by November 30, 2016, either plaintiff fails to

respond to this order, I will assume that plaintiff wishes to withdraw from this action

voluntarily.

Entered this 8th day of November, 2016.

BY THE COURT:

/s/

PETER OPPENEER

Magistrate Judge

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN

CAR	L C. GIL	BERT, II AND	JERRED WASHINGTON,							
v.	Plair	ntiffs,			ORDER					
STATE OF WISCONSIN-DEPARTMENT OF HEALTH SERVICES, et al.					16-cv-729-jdp					
	Defe	endants.								
			REQUEST TO PROCEED IN WITHOUT PREPAYING TH							
			ns to the best of your ability. hth, the court may dismiss your la	wsuit.						
I.	Personal Information									
1)	Your name:									
	(a)	(a) State the place of your residency and provide your identification number if applicable:								
		(pl	ace)	((number)					
	(b)	Are you em	ployed at the institution?		Yes	□ No				
	(c)	Do you rece	eive any payment from the institu	tion?	Yes	□ No				
			sident account statement showi iling of this request and showin							
2)	Do yo	Do you have any dependents that you are responsible for supporting?								
	□ Ye	s 🗆 🗅 🗅	No							
	If "ye	es," list them be	low.							
Name or initials (for <u>Relationship to You Age</u> <u>minor children only)</u>					unt of Support ided per Month					
			·	_ \$						
				_ \$						
				ф						

II.	Property or Assets: - 1	If you are married,	your answ	ers must <i>include</i>	your spouse's property.					
1)	Do you own a car?									
	□ Yes □ No		If "yes," list the car(s) below:							
	Make and Model			<u>Year</u>	Approximate Current Value					
					\$					
					\$					
2)	Do you own your home	e(s)?	□ Yes	□ No						
	If "Yes," state the appre	oximate value(s).	\$		_					
	What is the amount of mortgage balance) in the				anding					
3)	Do you have any cash or checking, savings, or other similar accounts? □ Yes □ No									
	If "Yes," state the total	of such sums.	\$		_					
4)	Do you own any other property of value, such as real estate, stocks, bonds, trusts, or individual retirement accounts (e.g., IRA, 401 k), artwork, or jewelry?									
	□ Yes □ No									
	If "Yes," describe the property and the approximate value(s).									
		To the contract and property and and approximately								
III.	Litigation History									
		name of the case (t	hat is, the	plaintiffs and the	ne following information that you defendants), the case number or year needed.					
Case Name (Plaintiffs and defendants)		Case number (or year of filing)		Federa	al district					

IV.	Other Circumstance consider when review	es - Describe any other financial circumstance(s) that you wing this petition.	ould like the court to
I,	, de y the full filing fee and th	eclare that I am the plaintiff bringing this complaint. I declar hat I am entitled to the relief sought in the complaint.	e that I am unable to
Date		Signature - Signed Under Penalty of Perju	ry